

## SUMMARY, FULL REPORT RECEIPTS AND EXPENDITURES

**C4**(3/97)

PDC OFFICE USE 110000585

11-25-2020

Candidate or Committee Name (Do not abbreviate. Include full name)

NORMAN JOHNSON (NORM	JOHNSON SURPLUS FUI	ND)			
Mailing Address 5102 SCENIC DR			City <b>Yakima,</b>	WA	
Zip + 4 98908-2229	Office Sought (Candidates)	Election Date 2026	I OI FACS	*For PACs, Parties & Caucus Committee this report period, did the committee make an in	
Report Period From (last C-	4) To (end of perio	d) Final Report	? expenditure	(i.e., an expense	not considered a contribution)
Covered 01/01/2	0 08/31/20	Yes X No	supporting or	opposing a state	or local candidate?
RECEIPTS			*See next pa	age	Yes No
Previous total cash and in kir (if beginning a new campaign	nd contributions (From line 8, las n or calendar year, see instruction	st C-4) on booklet)			\$ \$122,487.13
2. Cash received (From line 2,	Schedule A)		\$	\$0.00	
3. In kind contributions received	d (From line 1, Schedule B)			\$0.00	
4. Total cash and in kind contrib	outions received this period (Line	e 2 plus 3)			\$0.00
5. Loan principal repayments m	ade (From line 2, Schedule L)			\$0.00	
6. Corrections (From line 1 or 3	, Schedule C)	Show	+ or (-)	\$0.00	
7. Net adjustments this period (	Combine line 5 & 6)			Show + or (-) _	\$0.00
8. Total cash and in kind contrib	outions during campaign (Comb F	ine lines 1, 4 & 7)			\$122,487.13
9. Total pledge payments due (	From line 2, Schedule B)	\$0.0	00		
EXPENDITURES					
<ol><li>Previous total cash and in kir (If beginning a new campaign</li></ol>	nd expenditures (From line 17, la n or calendar year, see instruction	ast C-4) on booklet)		<u> </u>	\$118,399.00
11. Total cash expenditures (Fro	m line 4, Schedule A)			\$4,088.13	
12. In kind expenditures (goods	& services) (From line 1, Schedu	ule B)		\$0.00	
13. Total cash and in kind expen	ditures made this period (Line 1	1 plus line 12)			\$4,088.13
14. Loan principal repayments m	ade (From line 2, Schedule L)			\$0.00	
15. Corrections (From line 2 or 3	, Schedule C)	Show -	+ or (-)	\$0.00	
16. Net adjustments this period (	Combine lines 14 & 15)			Show + or (-)	\$0.00
17. Total cash and in kind expen	ditures during campaign (Comb	ine lines 10, 13 and 16)			\$122,487.13
CANDIDATES ONLY		UMMARY			
Won Lost U		t 18. Cash on hand (Line 8 minus line 17)			
Primary election		lities: (Sum of loans and	\$0.00		
Treasurer's Daytime Telephone No.:				-10)	
20. Balance (Surplus or deficit) (Line 18 minus line 19)				\$0.00	
CERTIFICATION: I certify that the in				ct to the best of my k	
Candidate's Signature	Date	Treasurer's Sign	nature		Date
NORMAN JOHNSON	11/25/20	Norm Johns	son		11/25/20

## **CASH RECEIPTS AND EXPENDITURE**

SCHEDULE to C4

A	
(11/93)	

Candidate or Committee Name (Do not abbreviate. Use full name.)

Report Date

ON SURPLUS FUND)			01/01/20	08/31/20	
1. CASH RECEIPTS (Contributions) which have been reported on C3. List each deposit made since last C4 report was submitted.					
Date of deposit	Amount	Date of deposit	Amount	Total deposits	
		Enter al	so on line 2 of C4	\$ \$0.00	
	•	ich have been reported on C3. List each dep	ch have been reported on C3. List each deposit made since last C4    Date of deposit	ich have been reported on C3. List each deposit made since last C4 report was submitte	

CODES FOR CLASSIFYING EXPENDITURES: If one of the following codes is used to describe an expenditure, no other description is generally needed. The exceptions are:

- 1) If expenditures are in-kind or earmarked contributions to a candidate or committee or independent expenditures that benefit a candidate or committee, identify the candidate or committee in the Description block;
- When reporting payments to vendors for travel expenses, identify the traveler and travel purpose in the Description block; and 2)
- 3) If expenditures are made directly or indirectly to compensate a person or entity for soliciting signatures on a statewide initiative or referendum petition, use code "V" and provide the following information on an attached sheet: name and address of each person/entity compensated, amount paid each during the reporting period, and cumulative total paid all persons to date to gather signatures.

CODE **DEFINITIONS** ON NEXT PAGE

- C Contributions (monetary, in-kind & transfers)
- I Independent Expenditures
- L Literature, Brochures, Printing
- B Broadcast Advertising (Radio, TV)
- N Newspaper and Periodical Advertising
- O Other Advertising (yard signs, buttons, etc.)
- V Voter Signature Gathering

- P Postage, Mailing Permits
- S Surveys and Polls
- F Fundraising Event Expenses
- T Travel, Accommodations, Meals
- M Management/Consulting Services
- W Wages, Salaries, Benefits
- G General Operation and Overhead

## 3. EXPENDITURES

- a) Expenditures of \$50 or less, including those from petty cash, need not be itemized. Add up these expenditures and show the total in the amount column on the first line below..
- b) Itemize each expenditure of more than \$50 by date paid, name and address of vendor, code/description, and amount.
- c) For each payment to a candidate, campaign worker, PR firm, advertising agency or credit card company, attach a list of detailed expenses or copies of receipts/invoices supporting the payment.

Date Paid	(Name and Address)	Code	Purpose of Expense and/or Description	Amount
N/A	Expenses of \$50 or less	N/A	N/A	
04/06/20	PACIFIC NORTHWEST UNIVERSITY OF 111 University Parkway Suite Yakima, WA 98901		donation	\$100.00
04/06/20	SALVATION ARMY 310 North 16th Avenue Yakima, WA 98902		contribution	\$100.00
04/06/20	BLOOM IN THE DESERT 3601 E Mequite Avenue Palm Springs, CA 92264		contribution	\$300.00
08/24/20	HERITAGE UNIVERSITY 3240 Fort Road Toppenish, WA 98948		contribution	\$500.00
08/24/20	BLOOM IN THE DESERT 3601 E Mequite Avenue Palm Springs, CA 92264		contribution	\$2,000.00
08/24/20	PACIFIC NORTHWEST UNIVERSITY OF 111 University Parkway Suite Yakima, WA 98901		contribution	\$534.22

Total from attached pages S553.91 Enter also on line 11 of C4 \$4,088.13

4. TOTAL CASH EXPENDITURES

## **EXPENDITURES CONTINUATION SHEET (Attachment to Schedule A)**

Candidate or Committee Name (Do not abbreviate. Use full name.)

Report Date

NORMAN JOHNSON (NORM JOHNSON SURPLUS FUND)

01/01/20
08/31/20

Date Paid	Vendor or Recipient (Name and Address)	Code	Purpose of Expense and/or Description	Amount
08/24/20	MARYHILL MUSEUM 35 Maryhill Museum Drive Goldendale, WA 98620		contribution	\$500.00
08/24/20	WING FAMILY OF AMERICA, INC 2873 Car La Mar Drive Greenbay, WI 54311		contribution	\$53.91